

Issue 90: INSIDER’S EDGE: Eligibility Determinations—No Need to be Confused!

Welcome back, Insiders! As discussed in *Issue 88: INSIDER’S EDGE: Last Minute Tips*, completing the Maryland Health Connection application to get an eligibility determination and actually enrolling in coverage is a two-step process. Consumers will receive an eligibility determination *and* they must select a program to enroll in.

When it comes to the *Individual Eligibility Determination (1301)* notice, there are a few things that might have consumers looking at the notice and checking it twice. What does this mean in practice? A very short list with programs for which the consumer *is* eligible **and** a very long list of programs for which the consumer does *not* qualify! Not to worry, I’ve got some helpful tips to clear up the confusion.



Every consumer’s wish list this holiday season should include health coverage, but the eligibility determination notice may have some applicants checking the fine print twice!

Notice Name (Document #)	Notice Description & Action Consumer Must Take	Triggering Action
Individual Eligibility Determination (1301)	<p>This notice includes each individual in the household who applied for coverage and the program for which they have been found eligible.</p> <p>When a consumer qualifies for retroactive Medicaid, the notice will indicate the period of eligibility.</p>	Once an eligibility determination has been finalized, users can view decision on the "Eligibility Results" screen. Arriving at the "Eligibility Results" screen triggers the "Individual Eligibility Determination" notice.

Reading Between the Headlines of the *Individual Eligibility Determination (1301)* Notice

Since being found eligible for and enrolling in coverage is a two-step process, consumers will receive slightly different versions of the *Individual Eligibility Determination (1301)* notice depending on which steps they have completed. When a consumer has not selected a program and enrolled in coverage, the programs they are eligible for will be listed under the heading **“Eligible Individuals”**. When the consumer has enrolled in coverage by selecting a program, the programs they are eligible for will be listed under the heading **“Approved Individuals”**.

Now on to the details!

Program Eligibility Determination

Each notice will indicate not only the program for which the consumer is eligible, but also the programs for which the consumer has been found ineligible. This information is included both in the online portal eligibility determination and the *Individual Eligibility Determination (1301)* notice.

- Every adult will get determinations for 3 programs. Yes, that's right, THREE. The notice will indicate whether the individual has been found eligible or denied for
 - 1.) Medicaid,
 - 2.) QHP with financial assistance, **and**
 - 3.) QHP without financial assistance.

- Every child under 19 will get determinations for FOUR programs. The notice will indicate whether the individual has been found eligible or denied for:
 - 1.) Medicaid,
 - 2.) MCHP,
 - 3.) QHP with financial assistance, **and**
 - 4.) QHP without financial assistance.

The eligibility notice will also include references to a consumer's eligibility for a Special Enrollment Period....

References to the Special Enrollment Period (SEP) during Open Enrollment

Another item that may trip consumers up in the *Individual Eligibility Determination (1301)* notice is language referring to SEPs. When it comes to QHPs, Open Enrollment is for coverage effective in 2015. Applicants seeking QHP coverage that's effective *now* in 2014 must qualify for a SEP. For this reason, *every* consumer will be assessed for an SEP. Therefore, the eligibility notice a consumer receives will also include not only information on their eligibility during Open Enrollment, but also an SEP determination.

NOTICE EXAMPLE 1: Consumer Eligible for a QHP with Financial Assistance

Bruce Wayne and his wife, Selina Kyle Wayne, have been approved for a QHP with financial assistance! The second reference to QHP with financial assistance relates to the assessment of their eligibility for an SEP.

TIP: Don't let the Bruce and Selina get confused! They still qualify to enroll in a QHP based on the information in the "Approved Individuals" section!

Approved Individuals:

Based on the information provided in your application, the following household members are eligible for certain health coverage programs and have selected a program.

Qualified Health Plan with Financial Assistance

Bruce Wayne
Selina Kyle Wayne

Based on a household size of 2, and the income you provided on your application of \$36000, you are eligible for a cost-sharing reduction benefit that will reduce your out-of-pocket insurance costs. You must select a "Silver" level QHP in order to access these cost-sharing benefits.

Hmm, but the "Denied Individuals" section says the consumer isn't eligible for a QHP with financial assistance. Check the fine print, Insiders!

Denied Individuals:

The following household members are not eligible for certain health coverage programs. Please see the decision(s) below:

Name	Program	Reason	Household Size	Income Standard	Household Income confirmed by applicant
Bruce Wayne	Medicaid	Individual does not meet the Medicaid financial criteria (42 CFR 435.116 (pregnant women), 42 CFR 435.110 (parents and caretakers), 42 CFR 435.118 (children), and 42 CFR 435.119 (adults))	2	\$1809.00	\$3000
	Qualified Health Plan with Financial Assistance(Special Enrollment)	Individual is not qualified for QHP.			
	Qualified Health Plan without Financial Assistance(Special Enrollment)	Individual is not eligible to enroll in a QHP during a Special Enrollment Period (45 CFR 155.420)			

NOTICE EXAMPLE 2: Consumer Eligible for a Medicaid

Consumers will see similar SEP language when they qualify for Medicaid. Again, the consumer will want to pay attention to the program they are eligible for under the "Approved Individuals" section.

Approved Individuals:

Based on the information provided in your application, the following household members are eligible for certain health coverage programs and have selected a program.

Medicaid

Peggy Olson

Denied Individuals:

The following household members are not eligible for certain health coverage programs. Please see the decision(s) below:

Name	Program	Reason	Household Size	Income Standard	Household Income confirmed by applicant
Peggy Olson	Qualified Health Plan with Financial Assistance(Special Enrollment)	Individual is eligible to receive Medicaid and MCHP Premium			
	Qualified Health Plan with Financial Assistance	Individual is eligible to receive Medicaid and MCHP Premium			
	Qualified Health Plan without Financial Assistance(Special Enrollment)	Individual is not eligible to enroll in a QHP during a Special Enrollment Period (45 CFR 155.420)			

Additional Resources

You know I love clip art, but sometimes what you really need is a sample letter. Copies of several sample *Individual Eligibility Determination (1301)* notices are attached to this week's edition to give you a better idea of what consumers receive.

- 1.) Sample 1301—Consumer Enrolled in Medicaid
- 2.) Sample 1301—Consumers Enrolled in Qualified Health Plan with Financial Assistance
- 3.) Sample 1301—Consumer Enrolled in Qualified Health Plan without Financial Assistance
- 4.) Sample 1301—Mixed Household—Consumers Enrolled in Maryland Children's Health Program (MCHP) and Qualified Health Plan with Financial Assistance
- 5.) Sample 1301—Consumer Eligible for Medicaid and Needs to make Enrollment Selection
- 6.) Sample 1301—Consumer Eligible for QHP without assistance
- 7.) Sample 1301—Consumer Eligible for QHP with assistance
- 8.) Sample 1301—Mixed Household—Consumers Eligible for Medicaid and Qualified Health Plan with Financial Assistance

Have questions? Shoot me an e-mail, dhmh.medicaidmarge@maryland.gov.